

**Kentucky Board of Medical Licensure
310 Whittington Parkway, #1B
Louisville, KY 40222
Fax: (502) 429-7158**

Address Change Form

Please complete the following form and mail or fax to the KBML.

Date: _____ **Kentucky License Number:** _____

Name: _____

Mailing Address: _____
(street)

(city) (state) (zip)

Practice Address: _____
(street)

(city) (state) (zip)

Kentucky Practice County: _____

Office Phone Number: () _____

Email Address: _____